



REPORT OF CHANGE

State Form 44151 (R7 / 1-01) / FI 2420

Name of case	Case number
Caseworker ID number	Telephone number

IMPORTANT INFORMATION

Your Social Security number is being requested by this State agency in accordance with 45 CFR 205.52, 7 CFR 273.6, and 42 CFR 435.910.

The information obtained on this form is confidential under state and federal regulations, including 470 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 IAC 1-1-12, 45 CFR 205.50, 7 CFR 272.1(c), and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant / recipient.

ALL CHANGES MUST BE REPORTED WITHIN 10 DAYS.

1. CHANGE OF ADDRESS

New address (number and street, city, state, ZIP code)

Date moved:	Telephone number	Rent amount: \$	How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
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Please check the utilities that YOU pay, which are NOT included in your rent:

☐ Electric ☐ Gas ☐ Water ☐ Sewer ☐ Phone ☐ Other _____

The following person / agency assists me with my rent:	Amount of assistance: \$
The following person / agency assists me with my utilities:	Amount of assistance: \$

2. CHANGE OF PEOPLE IN YOUR HOUSEHOLD

Name of Person	In	Out	Date of Birth	Social Security Number	Date of Change

3. CHANGE IN SOURCE OR AMOUNT OF EARNED INCOME This includes new employment, raises, promotions.

Name of person	Type of change:	Date of change:	
Place of employment	Start date	Hourly wage	Expected weekly hours of work

4. CHANGE IN SOURCE OR AMOUNT OF UNEARNED INCOME This includes child support, Social Security, SSI, unemployment, VA benefits, utility checks, contributions, financial aid, etc.

Name of person	Type of change:	Date of change begins:
New amount \$	Frequency of amount: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	

5. OTHER CHANGES

Do you expect the changes you have reported to continue beyond this month? ☐ Yes ☐ No

If no, please explain:

Signature	Date
Telephone number where you can be reached:	Social Security number

PLEASE ATTACH PROOF OF YOUR CHANGES, IF POSSIBLE

If you have not heard from your caseworker within 10 days of turning in your report, please contact your caseworker.
(See the back of this form for more information)

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOOD STAMPS, AND MEDICAID

YOU MUST REPORT ALL CHANGES WITHIN 10 DAYS FROM THE TIME YOU KNOW ABOUT THE CHANGE

(Below are examples of changes you MUST report)

REPORT TO US

When someone MOVES IN or MOVES OUT of your home, when someone in your home gets married, has a baby, or dies. When the amount of court-ordered child support you pay changes.

When the total CASH, BANK ACCOUNTS or OTHER ASSETS of everyone in your home reaches \$1,000 or more for Temporary Assistance for Needy Families (TANF), \$2,000 or more for Food Stamps. For Medicaid you must report all changes in assets.

REPORT TO US

When someone in your home buys or receives a CAR, TRUCK, MOTORCYCLE, or other MOTOR VEHICLE.

When you MOVE and what the rent and utilities at your new address will be.

REPORT TO US



Any change in a JOB, an increase or decrease in pay, or a change in MONEY received such as Child Support or Social Security.

FOR FOOD STAMP RECIPIENTS ONLY:

If your family receives Food Stamps and has a certification of 6 months or less, you must report the following:

1. A new job or losing a job
2. Increase or decrease in your hourly wage or salary
3. Changing from part-time to full-time or full-time to part-time.

If your family has a certification of more than 6 months, you must report earned income changes of more than \$100.

FAILURE TO REPORT CHANGES MAY RESULT IN YOU HAVING TO REPAY BENEFITS

FOOD STAMP RECIPIENTS: IF YOU DO NOT REPORT CHANGES you could be barred from the Food Stamp Program, fined up to \$250,000, and / or imprisoned up to 20 years.

IF YOU DO NOT KNOW YOUR CASEWORKER'S TELEPHONE NUMBER, THEN CALL: